, PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



	or		703) 746-4000			
INSTRUCTIONS: This form should be used fi appropriate. All further correspondence includin indicated unless corrected below or directed oth maintenance fee notifications.	or transmitting the ISSUE FEE and g the Patent, advance orders and no erwise in Block I, by (a) specifying	d PUBLICA otification of g a new con	TION FEE (if required in maintenance fees were spondence address;	ired). Blocks 1 through 4 soil be mailed to the current and/or (b) indicating a sep	should be completed when t correspondence address a parate "FEE ADDRESS" fo	e s r
CURRENT CORRESPONDENCE ADDRESS (Note: Legist) 7590 04/30/ G.E. EHRLICH (1995) LTD. c/o ANTHONY CASTORINA SUITE 207 2001 JEFFERSON DAVIS HIGHW	2004 PE	N Fr	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.			e g st
ARLINGTON, VA 22202	(# <u>*</u>	e*/	(Depositor's same)			
	A TRADEM	⁷ L	(Signature)			
		L			(Date)	
APPLICATION NO. FILING DATE	FIRST NAME	ED INVENTO)R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	1
09/900,491 07/09/2001	Avrah	nam Oren		01/22222	4147	J
TITLE OF INVENTION: KNOWLEDGE TREE	MEDICAL ENABLEMENT					
APPLN. TYPE SMALL ENTITY	ISSUE FEE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	1
nonprovisional YES	\$665	·•	\$300	\$965	07/30/2004	, .
EXAMINER ART UNIT		CLAS	SS-SUBCLASS			
SMITH, CAROLYN L	1631	1631 702-023000		•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address form PTO/SB/122 attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents of Name is a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						95)Ltd.
3. ASSIGNEE NAME AND RESIDENCE DATA PLEASE NOTE: Unless an assignee is identifi been previously submitted to the USPTO or is to (A) NAME OF ASSIGNEE The syst Ltd.	ed below, no assignee data will appeteing submitted under separate cover. (B) RESIDEN	ear on the pa Completion CE: (CITY a	atent. Inclusion of ass a of this form is NOT and STATE OR COU	Esrael		
Please check the appropriate assignee category or categories (will not be printed on the patent); O individual corporation or other private group entity O government						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.						
Vising Fee ☐ A check in the amount of the fee(s) is enclosed. Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies (enclose an extra copy of this form).						
Director for Patents is requested to apply the Issue						
NOTE; The Issue Fee and Publication Fee (if other than the applicant; a registered antorney interest as shown by the records of the United Sta This collection of information is required by 37 obtain or retain a benefit by the public which is application. Confidentiality is governed by 35 U. estimated to take 12 minutes to complete, included completed application form to the USPTO. Timese. Any comments on the amount of time suggestions for reducing this burden, should be Patent and Trademark Office, U.S. Departm 22313-1450. DO NOT SEND FEES OR CONSEND TO: Commissioner for Patents, Alexandria	or agent; or the assignee or other ples Patent and Trademark Office. CFR 1.311. The information is require to file (and by the USPTO to provide the control of the control	anyone party in uired to cess) an	08/17/2004 01 FC:2501 02 FC:1504	PSMALL 00000003 5 665.00 DA 300.00 DA	01407 09900491	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE